County: Dane
SKAALEN SUNSET HOME
400 NORTH MORRIS STREET
STOUGHTON 52500

STOUGHTON 53589 Phone: (608) 873-5651		Ownershi p:	Nonprofit Church
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	201	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	201	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	197	Average Daily Census:	193
		<del>.</del> <del>.</del>	

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/01) %				
Home Health Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	36. 5 45. 2
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No	Developmental Disabilities	1. 0	Under 65	3. 6	More Than 4 Years	43. Z 18. 3
Day Services	No	Mental Illness (Org. /Psy)	20. 8	65 - 74	7.6		
Respite Care	Yes	Mental Illness (Other)	2. 5	75 - 84	31.5	1	100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	46. 2	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi pl egi c	1.0	95 & 0ver	11. 2	Full-Time Equivaler	
Congregate Meals	No	Cancer	2. 0	ĺ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	12. 2		100. 0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	14. 7	65 & 0ver	96. 4		
Transportati on	Yes	Cerebrovascul ar	11. 7			RNs	8. 3
Referral Service	No	Diabetes	4. 1	Sex	%	LPNs	12. 0
Other Services	No	Respi ratory	3. 6		·	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	<b>26</b> . <b>4</b>	Male	26. 9	Aides, & Orderlies	41. 8
Mentally Ill	No			Female	73. 1		
Provide Day Programming for			100. 0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	<b>;</b>		amily Care		N	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	25	100.0	340	109	99. 1	112	0	0.0	0	59	98. 3	163	0	0.0	0	2	100. 0	150	195	99. 0
Intermediate				1	0. 9	92	0	0.0	0	1	1.7	143	0	0.0	0	0	0.0	0	2	1.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	25	100.0		110	100.0		0	0.0		60	100.0		0	0.0		2	100. 0		197	100. 0

SKAALEN SUNSET HOME

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services	, and Activities as of 12/	31/01
Deaths During Reporting Period		<u> </u>					
8 1 8		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	2.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	<b>Dependent</b>	Resi dents
Private Home/With Home Health	1. 7	Bathi ng	0. 5		75. 1	24. 4	197
Other Nursing Homes	3. 1	Dressing	7. 1		80. 7	12. 2	197
Acute Care Hospitals	89. 5	Transferring	17. 8		66. 5	15. 7	197
Psych. HospMR/DD Facilities	0.0	Toilet Use	14. 2		65. 5	20. 3	197
Reĥabilitation Hospitals	0.0	Eating	44. 7		48. 2	7. 1	197
Other Locations	2.8	*************	*********	******	*********	*********	******
Total Number of Admissions	287	Conti nence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	5. 1	Recei vi ng l	Respi ratory Care	10. 2
Private Home/No Home Health	19. 5	0cc/Freq. Incontinent	of Bladder	64. 0	Recei vi ng	Tracheostomy Care	1. 0
Private Home/With Home Health	28. 9	0cc/Freq. Incontinent	of Bowel	30. 5	Receiving S	Sucti oni ng	1.0
Other Nursing Homes	2. 3	Ī			Receiving (	Ostomy Care	4. 1
Acute Care Hospitals	4. 7	Mobility			Recei vi ng	Tube Feeding	3. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	5. 6	Recei vi ng 1	Mechanically Altered Diets	34. 0
Rehabilitation Hospitals	0. 7				_	-	
Other Locations	11. 1	Skin Care			Other Reside	nt Characteristics	
Deaths	32. 9	With Pressure Sores		10. 2	Have Advance	ce Directives	83. 8
Total Number of Discharges		With Rashes		12. 7	Medi cati ons		
(Including Deaths)	298	ĺ			Recei vi ng 1	Psychoactive Drugs	<b>58</b> . <b>4</b>
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Ownershi p: Bed Size: Li censure: 200+ Al l Thi s Nonprofit Skilled Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 94.6 89. 4 1.06 84.7 1. 12 84.3 1. 12 84. 6 1. 12 Current Residents from In-County 68. 0 82.7 0.82 82. 2 0.83 82.7 0.82 77. 0 0.88 Admissions from In-County, Still Residing 16. 7 25. 4 0.66 22. 3 0.75 21.6 0.77 20.8 0.80 Admissions/Average Daily Census 148.7 117.0 1.27 89. 0 1.67 137. 9 1.08 128. 9 1.15 Discharges/Average Daily Census 154.4 1.32 93. 1 1.66 139. 0 130. 0 1. 19 116.8 1. 11 Discharges To Private Residence/Average Daily Census 74.6 42. 1 1.77 37. 0 2.02 55. 2 1.35 **52.8** 1.41 Residents Receiving Skilled Care 99. 0 93.4 1.06 89. 9 1. 10 91.8 1.08 85. 3 1. 16 Residents Aged 65 and Older 96. 4 96. 2 1.00 87.3 92. 5 87. 5 1. 11 1.04 1. 10 Title 19 (Medicaid) Funded Residents 55.8 57.0 0.98 73. 2 64.3 0.87 68. 7 0.76 0.81 Private Pay Funded Residents 25.6 22. 0 1. 38 30. 5 35. 6 0.86 19.8 1.54 1. 19 1.0 0.6 2.4 0.43 1. 2 7. 6 0. 13 Developmentally Disabled Residents 1.62 0.86 Mentally Ill Residents 23.4 37.4 0.63 42.5 0.55 37. 4 0.62 33. 8 0.69 General Medical Service Residents 26. 4 21.4 1.23 25. 0 1.06 21. 2 1.25 19.4 1.36 49.3 49.7 51.7 0.96 51. 7 0.96 49.6 1.00 1.01 Impaired ADL (Mean) Psychological Problems **58. 4** 52.8 1.11 59.8 0.98 54. 1 1.08 51. 9 1. 13 Nursing Care Required (Mean) 9. 5 6. 4 1.49 7. 3 1. 30 6. 5 1.46 7. 3 1. 30